

**STATE OF DELAWARE**  
**SINGLE POINT OF CONTACT – SPOC**  
**INTERGOVERNMENTAL REVIEW OF FEDERAL PROGRAMS**  
**Office of Management and Budget**  
Haslet Building, 3<sup>rd</sup> Floor, Dover, Delaware 19901  
(302) 739-4206

1. STATE APPLICATION IDENTIFIER:

**SPOC use ONLY**

Month

Reviewer

CC's

2. Applicant Project Title:

3. Applicant Department:

4. Applicant Division/APU:

5. Applicant Address:

6. Contact Person:

7. Contact Person's Phone Number:

8. Signature of Secretary or Agency Head (for state agencies) or Chief Administrator (for all other applicants)

9. Federal Grantor Department:

10. Federal Sub-Agency:

11. Federal Contact Person:

12. Phone Number:

13. Address:

14. Federal Program Title:

15. FEDERAL CATALOG NO:  
(CFDA)

16. Project Description:

17. Will funds be utilized for any technology initiatives? ☐ Yes ☐ No If so, Business Case Number and brief project summary:

18. Measurable Objectives:

a. What were last year's objectives?

b. Were these objectives met? (If not, please explain why)

c. What are this year's objectives?

(If more space is needed, please attach a separate sheet of paper)

19. Grant Period:  From:  To:	20. How many years has this project been funded:	21. If the project was funded last year, how much federal money was awarded?		
22. Source of funding for this application:				Dollars
a. Federal grant				
b. Other federal funds (Specify source of funding)				
c. Required state contribution (Specify source of funding)				
d. Discretionary state contribution (Specify source of funding)				
e. Required local contribution (Specify source of funding)				
f. Other non- federal funds (Specify source of funding)				
TOTAL				
23. Budget by cost category and source:	Federal Funds	State Funds	Other Funds	Total Funds
Salaries & Fringe Benefits				
Personal or Contractual Services				
Travel				
Supplies & Materials				
Capital Expenditures				
Audit Fees				
Indirect Costs				
Other				
TOTAL				
24. How many positions are required for the project? (Exclude casual/seasonal employees)				
Breakdown of position(s)	Authorized in State Budget	New Positions Required	Total	
Paid for out of federal funds				
Paid for out of General Funds				
Paid for out of state special funds				
Paid for out of bond/local/other funds				
TOTAL				
25. PLEASE NOTE: On a separate piece of paper, please give position number, grade, yearly salary and percent of funding (federal, state, local, other) and the full-time equivalent for all positions required. Please identify the new positions by placing an asterisk before the position title. If this grant funds positions within other departments, divisions and/or offices, please list them. <b>If a position has been reallocated to or from another grant please indicate the grant source.</b>				